## **UNIFIED CARRIER REGISTRATION - Year 2008**

To register online go to **WWW.UCR.IN.GOV** 

	RAL INFORMATIO							
USDOT Number	MC or MX Number	FF Number		Telephone Number			Fax Number	
Legal Name				E-Mail Address				
Doing Business Under The Following	g Name (DBA)							
Principal Place Of Business Street Ad	dress (See Instructions)							
Principal Business City			Principal Business State				Zip Code	
Mailing Street Address								
Mailing City	Mailing State				Mailing Zip Code			
SECTION 2. CLASS	IFICATION – Check	k All That	t Apply					
☐ Motor Carrier	☐ Motor Private		Bro			ing Company		reight Forwarder
SECTION 3. FEES D Note: If your compa								4
Brokers, freight forw	-		-		-			
\$ 39.00 in the form of								
SECTION 4. NO. OI				1 •				
Check only one box:	WOTOR VEHICL	LD-MO	TOR CHRRI	DR WIVE	TORTRI	VIIII CHRRIER		
	nicles shown below ha	ave been t	aken from sect	ion 26 of	your last rep	orted MCS-150 form	n.	
The number of vel	nicles shown below is	the total 1	number owned	and opera		•	_	e 30, 2007.
NUMBER OF STRAIGHT TRUCKS NUMBER OF T				98		BER OF MOTOR COACHES, DL BUSES, MINI-BUSES, VANS		TOTAL
AND TRACTORS (COLUMN A)		NUMBER OF TRAILERS (COLUMN B)			AND LIMOUSINES (COLUMN C)			(COLUMN D)
1. (Optional) Under	1 0		_ •			_	•	•
	at are used only in i							
2. (Optional) You m	•							
_	erating solely in int state commerce that		ommerce; and	1/Or (D) <b>01</b>	ner sen-pro	openea motor venic	ies ope	rating in
	icle weight rating or gross		2ht of 10.000 lbs o	r less, or a p	assenger capaci	ity of 10 or less, including	the drive	er:
<ul> <li>Are used on the h</li> </ul>	nighways in commerce; and	l		_			-	
To transport pass	sengers or property for com	pensation. (	See instructions f	or definition	of commercia	l motor vehicle)		
3. Total Number of V		DLUMN I	O) minus LINE	E 1 plus L	<i>INE 2</i> )			
SECTION 5. FEE TA								
Number of Vehicles	Amount Due	Numbe	r of Vehicles	Amoun		Number of Vel	nicles	Amount Due
0-2	\$39.00		6-20	\$231	.00	101-1000		\$3,840.00
3-5	\$116.00		21-100	\$806		1001 or mo	re	\$37,500.00
SECTION 6. FEES D								
Using the number of								1_
Note: Payments made through of Revenue (IRP or UCR). If base state.								\$
SECTION 7. CERTI	FICATION							
I, the undersigned, under this document on behalf							horized	to execute and file
Name Of Owner Or Authorized Repre			,		-			Date
Signature					Title			